

We have attempted only to point out the course that the investigations should take in resolving with certainty this very interesting study, and have given very briefly a few of the points which the author has discussed in connection with the relapse of typhoid fever and its repetition. A criticism of the results of his labour, which extended over several years, on a subject as yet so new and so little explored, is manifestly out of the question. That the work of observation as given here by the author, in relation to the temperature attending the peculiar train of symptoms, has been well and faithfully done is apparent in every recorded case, and the spirit—the truly scientific spirit in which it has been accomplished, cannot be too highly praised. The settlement of the question and the reality claimed for the phenomena must be deferred until more materials are at our disposal.

A word further must be added in respect to the author personally. On the same page with his preface there is notice that Dr. Irvine died before his book was presented to the public. "It shows a true and earnest devotion to the profession which he had chosen,"—"the foreshadowing of what might have been, had longer life been granted to him who is no longer of us."

M. L.

ART. XL.—*Paralysie Vaso-motrice des Extrémités, ou Érythromélalgie*. Par MAURICE LANNOIS, Docteur en Médecine de la Faculté de Paris. 8vo. pp. 71. Paris: J. B. Baillière et Fils, 1880.

Vaso-motor Paralysis of the Extremities, or Erythromelalgia. By Dr. MAURICE LANNOIS.

IN this monograph of 71 pages we have a meritorious presentation of a little known subject. Vaso-motor paralysis of the extremities or erythromelalgia is the disease to which Dr. S. Weir Mitchell first drew general attention by an elaborate paper published in the *American Journal of the Medical Sciences* for July, 1878, although prior to this publication Graves, Grenier, Sigerson, and Vulpian had reported cases. Dr. Lannois uses freely the article of Dr. Mitchell, quoting in full his original cases and many of his observations, not failing, however, to give full credit. He gives in detail also one case observed by himself in the service of M. Straus.

The disease usually attacks men. It begins as a burning pain in some part of the foot or feet, as a rule, although the hands are sometimes attacked. The character and qualities of the pain are described. The most striking peculiarity, after the pain, is the flushing or congestion of the parts. The congestion is active and is accompanied by elevation of temperature. The pain and other symptoms are relieved by the horizontal position and by cold. Sensibility and the reflexes are usually preserved or increased. The muscles retain their volume, and respond well to electricity. Troubles of sight and hearing are occasionally observed.

Some of the affections from which erythromelalgia is to be diagnosed are cyanosis from disease of the heart, acrodynia, ergotic gangrene, rheumatism, and podynia, but from none of these will the diagnosis be found difficult. In heart-disease we have the general cyanosis, the cardiac murmurs, the dyspnoea, and the œdema of the lower extremities to help us to a decision. Acrodynia was epidemic in France in 1828,

1829, and 1830, and since has occurred sporadically. Its chief manifestations, as given by Mitchell and Lannois, were vomiting, diarrhoea, œdema of the limbs, redness or splotches of the feet and hands, pain, burning sensation, dysæsthesia of the palms and soles, sometimes cramps, local spasms, and loss of power. Gangrene from ergot is usually symmetrical, and occurs in epidemic form among the lowest classes. Rheumatism may be difficult to differentiate from erythromelalgia when it is localized in the small articulations of the extremities. In making a diagnosis we are to be guided by the well-known course of rheumatism, and by the manner in which it yields to treatment. Podynia is a disease described by Gross as peculiar to tailors. It is characterized by an aching or burning pain in or about the soles of the feet. Gross believed it to be due to a subacute inflammation of the periosteum; but Mitchell ascribes it to a low grade of inflammation of the joint surfaces of the feet.

One of the most interesting parts of the pamphlet is that in which erythromelalgia and local asphyxia and symmetrical gangrene of the extremities are contrasted. The two diseases present exactly opposite characteristics, as is shown by the following table:—

LOCAL ASPHYXIA AND SYMMETRICAL GANGRENE.

Women are attacked in four-fifths of the cases (M. Raynaud).

The least age is 25 years.

Ischemia predominates; arterial pulsations are not present.

The skin is livid and shows a characteristic cyanotic hue.

There is always anaesthesia; sensibility is blunted notably, or may be even annihilated.

The temperature is always below the normal.

Gangrene is ordinarily the termination of the asphyxia.

The attacks are more frequently produced under the influence of cold.

The disease is symmetrical.

ERYTHROMELALGIA.

Nearly all the cases reported have been men (11 out of 14).

The least age is 35 years.

Turgescence and congestion are the rule; arterial pulsations are very violent.

The skin is red or violet, the colour is always bright and animated.

Sensibility is often normal; hyperæsthesia is sometimes observed.

The temperature is markedly increased at the time of the attack.

As a general rule trophic troubles are not present.

The attacks are more frequently produced under the influence of heat.

The disease may be asymmetrical, and when two members are stricken, one or the other is generally more affected.

All the evidence, clinical and pathological, would seem to favour the view that in erythromelalgia we have a paresis or paralysis of peripheral vessels, and in local asphyxia and symmetrical gangrene peripheral vascular spasm. Thrombosis, embolism, or degeneration of the arterial walls sufficient to produce obstruction of the vessels, has not been found on dissection of the limbs in cases of symmetrical gangrene.

The following are the conclusions of M. Lannois:—

“1. There exists a *vaso-motor paralysis of the vessels of the extremities or erythromelalgia*, which should take its place in the nosology by the side of local asphyxia and symmetrical gangrene of the extremities described by M. Maurice Raynaud.

“2. This rare affection is characterized clinically by accessions of pain accompanied by swelling and redness of the skin, with notable elevation of temperature.

“3. The march of the disease is always slow, and its duration, always long,

is uncertain. It has periods of remission and exacerbation of its symptoms according to the seasons, winter diminishing the troubles, summer increasing them in a remarkable way.

"4. Its diagnosis does not present any very great difficulties, and it is probable that the affection will become more common when it is better known in its clinical manifestations.

"5. Its nature is still undetermined; it seems to be related either to disorders of the functions of the medullary vaso-motor centres, or rather to some modifications, still undetermined, undergone by the numerous peripheral ganglia which exist near the terminations of the nerves in the vessels and which preside in part over their innervation."

Although the monograph contains but little original matter, it deserves commendation as a careful systematic study of an important local vaso-motor disorder.

C. K. M.

ART. XLI.—*La Pella* in *Italia*. *Annali di Agricoltura*,
No. 18, 1879. 8vo. pp. 502. Rome, 1880.

PELLAGRA, from *pelle*, skin, and *agra*, rough or harsh, may be denominated the national disease of Italy, as nearly 100,000 of her inhabitants are the subjects of it. It is not exclusively confined to Italy, as it is found to some extent in Spain, France, Poland, the Danubian Provinces, and Algeria; but it is far more abundant there than in any other country, and mainly in the northern provinces, there being very few cases south of Rome. On several occasions reports have been made upon it by the government, and the volume under our consideration is a census of the disease taken in all the provinces where it prevails.

It is one of the diseases of enervation, and results from poverty, ignorance, unwholesome diet, impure air, and bad water. An attempt has been made to trace its origin to the effect of a maize diet, but like the blindness of the Egyptians and orientals attributed to the use of rice, the opinion has failed from want of evidence. Indirectly, the diet of Indian corn, as prepared by the Italian peasantry, has much to do with the production of pellagra, but this is not due to any peculiar effect of the grain itself, or to any parasitic vegetable located upon it. Several varieties of maize are in use in Italy, and in some of the provinces where it is the chief diet the disease does not prevail. It is also prevalent in some localities where maize is but little used.

The habits of the Italian peasantry; their diet of corn-polenta, which is often sour and unfit to eat; their damp cabins; want of cleanliness; their winter residence in cow-stables; impure drinking water, and lives of toil and privation under an imperfectly sustaining diet, combine to produce a condition of system which favours the appearance of pellagra on exposure of the body to the influence of the sun's rays.

Pellagra is a singular disease, commencing in March or April as a solar erythema on the exposed parts of the body, it advances to a squamous stage, and late in the season disappears, to be renewed with increasing severity each spring. In time the dermal manifestation is overshadowed by its associated intestinal disorders which become the chief feature; then nerve troubles are superadded, the brain becomes affected, the patient shows signs of insanity, running on to melancholia with a suicidal propensity, and finally becomes, in the worst cases, paralyzed. Pellagrous